

# Foster Family Home - Corrective Action Report

Provider ID: 1-120021

Home Name: Marcela Buted, NA

1616 Maliu Street

Honolulu

HI 96819

Review ID: 1-120021-6

Reviewer: Pamela Perry

Begin Date: 3/10/2020

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home Inspection for a 2 person CCFFH recertification made on 3/10/2020. Corrective Action Report Issued during home inspection with all items due to CTA by 4/13/20.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)- No Fingerprints or eCrimm for HHM#2 & HHM #3.

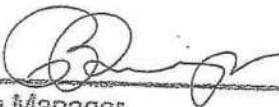
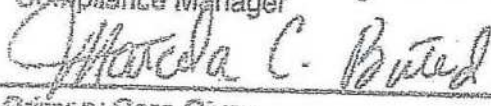
8.(a)(2)- No APS/CAN for HHM#1; HHM#2; HHM#3.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1)- No Tuberculosis Clearance for HHM#1; HHM#2; HHM#3.

  
Compliance Manager  
  
Primary Care Giver

3/10/2020  
Date

3/22/2020  
Date

3/14/2020 2:34 AM

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Marcela Buted

CCFFH Address: 1616 Maliu Street, Honolulu, Hawaii 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)	Copy of DHS Fingerprint result from 2005 for HHM# 2 provided.	5/18/20	Monthly checks of binder to ensure documentation is present. Will use I-phone calender to set reminders to maintain current eCrim records.
8.(a)(2)	Can not correct lapse for HHM#3; currently requesting exemption due to physical disability.	5/18/20 5/29/20	Will use I-phone calender to set reminders to maintain current APS/CAN records.
41.(f)(1)	Can not correct lapse for HHM's #1;#2;#3 Receipts for APS/CAN checks from fieldprint provided for HHM's #1;#2;#3.  Can not correct lapse for HHM#1,#2,#3 Can not correct at this time for HHM#1&#2 due to Covid19. Copy of TB screening submitted for HHM#3	5/18/20	Will use I-phone calender to set reminders to maintain current TB records. Will submit current TB results for HHM#1&#2 when Covid 19 restrictions lifted.

Primary Caregiver's Signature:

*Marcela Buted*

Print Name: Marcela Buted

Date of Signature:

6/1/2020

✓ Reviewed by

CTA Pamela Perry

*Pamela Perry*